

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF NEW YORK

---

SARAH R.,

Plaintiff,

v.

Civil Action No.  
3:19-CV-0798 (DEP)

ANDREW M. SAUL, Commissioner of Social  
Security,

Defendant.

---

APPEARANCES:

OF COUNSEL:

FOR PLAINTIFF

LACHMAN, GORTON LAW FIRM  
Attorneys at Law  
1500 East Main Street  
Endicott, NY 13761

PETER A. GORTON, ESQ.

FOR DEFENDANT

HON. GRANT C. JAQUITH  
United States Attorney for the  
Northern District of New York  
P.O. Box 7198  
100 S. Clinton Street  
Syracuse, NY 13261-7198

OONA M. PETERSON, ESQ.  
Special Assistant U.S. Attorney

DAVID E. PEEBLES  
U.S. MAGISTRATE JUDGE

ORDER

Currently pending before the court in this action, in which plaintiff

seeks judicial review of an adverse administrative determination by the Commissioner, pursuant to 42 U.S.C. §§ 405(g) and 1383(c)(3), are cross-motions for judgment on the pleadings.<sup>1</sup> Oral argument was conducted in connection with those motions on July 29, 2020, during a telephone conference held on the record. At the close of argument, I issued a bench decision in which, after applying the requisite deferential review standard, I found that the Commissioner's determination did not result from the application of proper legal principles and is not supported by substantial evidence, providing further detail regarding my reasoning and addressing the specific issues raised by the plaintiff in this appeal.

After due deliberation, and based upon the court's oral bench decision, a transcript of which is attached and incorporated herein by reference, it is hereby

ORDERED, as follows:

- 1) Plaintiff's motion for judgment on the pleadings is GRANTED.
- 2) The Commissioner's determination that plaintiff was not disabled at the relevant times, and thus is not entitled to benefits under the

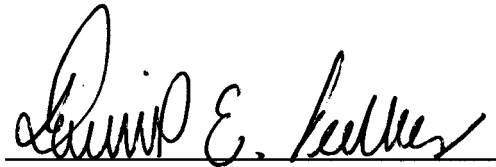
---

<sup>1</sup> This matter, which is before me on consent of the parties pursuant to 28 U.S.C. § 636(c), has been treated in accordance with the procedures set forth in General Order No. 18. Under that General Order once issue has been joined, an action such as this is considered procedurally, as if cross-motions for judgment on the pleadings had been filed pursuant to Rule 12(c) of the Federal Rules of Civil Procedure.

Social Security Act, is VACATED.

3) The matter is hereby REMANDED to the Commissioner, without a directed finding of disability, for further proceedings consistent with this determination.

4) The clerk is respectfully directed to enter judgment, based upon this determination, remanding the matter to the Commissioner pursuant to sentence four of 42 U.S.C. § 405(g) and closing this case.

A handwritten signature in black ink, appearing to read "David E. Peebles", is written over a horizontal line.

David E. Peebles  
U.S. Magistrate Judge

Dated: August 10, 2020  
Syracuse, NY

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF NEW YORK

-----x  
SARAH R.,

Plaintiff,

vs.

3:19-CV-798

ANDREW SAUL, Commissioner  
of Social Security,

Defendant.  
-----x

DECISION - July 29, 2020

James Hanley Federal Building, Syracuse, New York

HONORABLE DAVID E. PEEBLES

United States Magistrate Judge, Presiding

APPEARANCES (by telephone)

For Plaintiff: LACHMAN, GORTON LAW FIRM  
Attorneys at Law  
1500 East Main Street  
Endicott, NY 13761  
BY: PETER A. GORTON, ESQ.

For Defendant: SOCIAL SECURITY ADMINISTRATION  
Office of Regional General Counsel  
26 Federal Plaza  
New York, New York 10278  
BY: OONA M. PETERSON, ESQ.

*Eileen McDonough, RPR, CRR  
Official United States Court Reporter  
P.O. Box 7367  
Syracuse, New York 13261  
(315) 234-8546*

1           THE COURT: Let me begin by thanking counsel for  
2 excellent presentations. I've enjoyed working on this case  
3 with you.

4           Plaintiff has commenced this proceeding pursuant to  
5 42, United States Code, Sections 405(g) and 1383(c)(3) to  
6 challenge an adverse determination by the Commissioner of  
7 Social Security finding that she was not disabled at the  
8 relevant times and, therefore, ineligible for the benefits  
9 sought.

10           The background is as follows. The plaintiff was  
11 born in February of 1986. She is currently 34 years of age.  
12 She was 30 years old at the time of the onset of her alleged  
13 disability in January of 2016. She was, I should say,  
14 approaching 30; she was a month shy of 30 years old. She  
15 stands somewhere between 5-foot-4 and 5-foot-5 in height, and  
16 weighs between 128 and 132 pounds, depending on the reference  
17 in the record.

18           Plaintiff did live in Binghamton with her mother,  
19 her 13-year-old son, an adult brother, and the mother's  
20 boyfriend; however, since May of 2017 she has resided with a  
21 partner/friend in an apartment. Plaintiff completed  
22 ninth grade and entered the tenth grade; she did not complete  
23 school, however. She was in special education classes,  
24 including an 8:1:1 class based on her classification as  
25 emotionally disturbed. She is right-handed. Plaintiff no

1 longer has a driver's license. She had one but lost it as a  
2 result of some sort of Vehicle & Traffic Law infraction.

3 Plaintiff stopped working in January of 2016.  
4 Prior to that time she worked in various capacities, both in  
5 retail as a cashier and as a server. Virtually all the  
6 positions she occupied were up to the five month duration.  
7 Plaintiff claims that she is unable to work based upon her  
8 mental condition, as well as her migraine headaches. She  
9 suffers from post-traumatic stress disorder, which she claims  
10 is worsening; migraine headaches, which she claims she  
11 suffers from two to three a week; and anxiety.

12 So, physically, there is a comorbid condition of  
13 migraines. The migraines cause her to suffer or experience  
14 nausea and vision issues. She treats her migraines in many  
15 ways, including through the use of medical marijuana.  
16 Plaintiff was involved in motor vehicle accidents in  
17 December of 2012 and again in February of 2018, the latter of  
18 which resulted in a right shoulder injury.

19 Addressing her migraines, she has undergone  
20 Magnetic Resonance Imaging testing, or an MRI, in May of  
21 2016. That testing is reflected at pages 348 and again at  
22 354 of the Administrative Transcript. The impression of that  
23 testing was, quote, "No evidence of acute intracranial  
24 abnormality." Plaintiff also underwent EEG testing, also in  
25 May of 2016. It is reported at 349 and 355 of the

1 Administrative Transcript. The interpretation and clinical  
2 correlation includes, quote, "This is a normal awake drowsy  
3 and sleep EEG. No ictal or epileptiform discharges were  
4 seen. Correlate clinically."

5 The plaintiff suffers, as I indicated, from mental  
6 conditions, including PTSD, which stems at least in part from  
7 the fact that she experienced sexual abuse as a child. She  
8 also experiences attention deficit and hyperactivity  
9 disorder, or ADHD, a mood disorder, anxiety, and bipolar  
10 disorder. She was in and out throughout her life of mental  
11 institutions, special schools, and group homes. She was last  
12 hospitalized in 2015.

13 She has a history of suicide attempts, according to  
14 280 and 281 of the Administrative Transcript. In October of  
15 2012 she overdosed on Xanax. That's at page 294. She was  
16 hospitalized due to a suicide attempt on September 22, 2017.  
17 That's at 488, 489. Her treating physician, Dr. Aranda, had  
18 to call 911 on October 2, 2015, based upon her conduct during  
19 an exam. That's at page 296.

20 She testified that she has difficulty sleeping,  
21 nightmares, crying spells, there is evidence of violent  
22 behavior during manic spells, and as one indication of that  
23 she was prosecuted for threatening to blow up the house of a  
24 judge and received eight months of probation. She pled  
25 guilty, and that led to probation, to criminal contempt; her

1 girlfriend apparently had an order of protection against her  
2 at the time.

3 Her primary physician is Dr. Arvin Aranda, who she  
4 has seen for twelve years. She sees Dr. Aranda one to two  
5 times per month. She also treats with LPN Julianne Loucks at  
6 Dr. Aranda's office. Plaintiff has received care from Family  
7 and Children's Society for the last six or seven months  
8 preceding the hearing in this matter, including from the  
9 nurse practitioner Caroline Murphy and licensed clinical  
10 social worker Faith Finch. She also has treated with  
11 Dr. Subu Dubey and Dr. Ahmad Alwan.

12 The plaintiff's medications over time have included  
13 Flexeril, Fioricet as needed for headaches, Vicodin, Xanax,  
14 Zofran, Propranolol, Hydroxyzine, Trazodone, Paxil, medical  
15 marijuana, as I indicated, Citalopram. She was also on  
16 Seroquel and Lithium, but experienced adverse reactions to  
17 those medications.

18 In terms of activities of daily living, plaintiff  
19 is able to dress, groom, clean, do laundry, some shopping,  
20 television, music, she sees her mother daily, she goes out  
21 but only if accompanied, including for use of public  
22 transportation. In terms of cooking, she told Dr. Slowik  
23 that she does cook, but Dr. Jenouri she does not. Plaintiff  
24 smokes and has since age 17. She smokes five to eight  
25 cigarettes per day.



1           Procedurally, plaintiff applied for Title XVI  
2 Supplemental Security Income benefits on February 7, 2016,  
3 alleging a disability onset date of January 13, 2016. In her  
4 function report she claims inability to work based on bipolar  
5 disorder, manic depression, anxiety, social and panic  
6 disorder, high blood pressure, a pineal cyst on the brain, an  
7 ovarian cyst, an irregular heart beat, eye problems,  
8 obsessive compulsive disorder, seizures, and ADHD.

9           A hearing was conducted on May 22, 2018 by  
10 Administrative Law Judge Jo Ann Draper to address plaintiff's  
11 claim for benefits. ALJ Draper issued an unfavorable  
12 decision on July 30, 2018. That decision became a final  
13 determination of the Commissioner on May 17, 2019 when the  
14 Social Security Administration Appeals Council denied  
15 plaintiff's request for review. This action was commenced on  
16 July 3, 2019, and is timely.

17           In her decision ALJ Draper applied the familiar  
18 five-step test for determining disability. She found that  
19 plaintiff had not engaged in substantial gainful activity  
20 since February 7, 2016, the date of her Title XVI  
21 application, although she noted that there was some earnings  
22 reflected since that time.

23           At step two, the ALJ concluded that plaintiff  
24 suffers from severe impairments that impose more than minimal  
25 limitations on her ability to perform work related functions,

1 including bipolar disorder, anxiety disorder, including PTSD,  
2 and migraines.

3 At step three, the Administrative Law Judge  
4 concluded that plaintiff's conditions do not meet or  
5 medically equal any of the listed presumptively disabling  
6 conditions set forth in the Commissioner's regulations,  
7 specifically considering listings 12.04, 12.06, and 12.15.

8 After surveying the record, ALJ Draper concluded  
9 that plaintiff is capable of performing the requirements of  
10 light work except with some additional limitations, including  
11 physical and mental limitations. The mental limitations are  
12 that she can perform tasks learned in thirty days or less  
13 involving simple work-related decisions requiring little to  
14 no judgment, with only occasional workplace changes, with no  
15 interaction with the public, and only occasional interaction  
16 with co-workers and supervisors. She can perform no work at  
17 production-rate pace.

18 Applying that residual functional capacity, or RFC,  
19 determination at step four, ALJ Draper concluded that  
20 plaintiff is unable to perform her past relevant work.

21 Proceeding to step five, ALJ Draper noted that if  
22 plaintiff were capable of performing a full range of light  
23 work, the Medical-Vocational Guidelines set forth in the  
24 Commissioner's regulations, and specifically Rule 202.17,  
25 would direct a finding of no disability. Because of the

1 additional non-exertional limitations, the testimony of a  
2 vocational expert was elicited, and based on that testimony,  
3 ALJ Draper concluded that plaintiff is capable of performing  
4 available work in the national economy, including as a swatch  
5 clerk, a packing header, and a blade balancer.

6         The Court's function, as you know, in this case is  
7 to determine whether correct legal principles were applied by  
8 the Administrative Law Judge and whether her decision is  
9 supported by substantial evidence. It is a deferential  
10 standard, more demanding and exacting than the clearly  
11 erroneous standard that we are generally familiar with.

12         Substantial evidence includes or means such  
13 relevant evidence as a reasonable mind might accept as  
14 adequate to support a conclusion. The Second Circuit noted  
15 in *Brault versus Social Security Administration*, 683 F.3d  
16 443, that it is a demanding standard and the standard means  
17 that once an ALJ finds a fact, the fact can be rejected only  
18 if a reasonable factfinder would have to conclude otherwise.

19         In this case plaintiff has raised three  
20 contentions, the third of which depends on the first two.  
21 She challenges the weight afforded to the various medical  
22 opinions in the record by the Administrative Law Judge,  
23 including Dr. Aranda and Dr. Dubey, and the reliance on the  
24 opinions of Dr. T. Harding, and also challenges the weighing  
25 of Dr. Slowik's consultative examination report.

1           The second contention is that the residual  
2 functional capacity is not supported because it does not make  
3 any reference to plaintiff being off task or absent, and it  
4 is contrary to every medical opinion addressing those two  
5 issues.

6           The step-five argument, which is the third  
7 argument, is that the hypothetical posed by the vocational  
8 expert was flawed because it was not supported by substantial  
9 evidence, it was based on a flawed RFC finding.

10           The Administrative Law Judge's task in this case  
11 was first to determine plaintiff's residual functional  
12 capacity, or RFC, which, of course, is pivotal to the finding  
13 of no disability. An RFC, of course, represents a range of  
14 tasks that the plaintiff is capable of performing  
15 notwithstanding her impairments. An RFC is informed by  
16 consideration of all of the relevant and other medical  
17 evidence. In deciding or determining an RFC, the ALJ must  
18 assess plaintiff's exertional capabilities, such as her  
19 ability to sit, stand, walk, lift, carry, push, and pull.  
20 Non-exertional limitations must also be considered, and of  
21 course the RFC determination must be supported by substantial  
22 evidence.

23           In this case there is a wealth of medical opinions.  
24 The regulations set forth the analysis that must be made when  
25 medical evidence and medical opinions are evaluated. They're

1 the same so-called *Burgess* factors that inform a  
2 determination of whether to give controlling weight to a  
3 treating source's opinions, and if not, what weight it should  
4 be given. Among the factors, they're set out at in this case  
5 20 CFR Section 416.927.

6 As I indicated, there are several medical opinions  
7 in the record, and I'll go through them briefly because I  
8 think they're important to the analysis in this case. The  
9 first is from Dr. Subu Dubey from May 15, 2018. It appears  
10 at pages 482 and 483 of the Administrative Transcript.

11 Dr. Dubey finds extreme limitations in many areas, including  
12 maintaining attention and concentration; perform activities  
13 within a schedule, be punctual, perform at a consistent pace;  
14 ability to interact appropriately with the general public;  
15 ability to accept instructions and respond appropriately to  
16 criticism from supervisors; ability to respond appropriately  
17 to ordinary stressors in a work setting with simple tasks.

18 Dr. Dubey at page 483 opines that plaintiff would  
19 be off task more than 33 percent of the day and would be  
20 absent three or more days per month, and treatment as to  
21 plaintiff's PTSD, bipolar disease, ADHD, and OCD, as well as  
22 the general anxiety disorder. I will note that I do not  
23 agree with plaintiff that Dr. Dubey should be considered as a  
24 treating source. Dr. Dubey prior to rendering that opinion  
25 only saw the plaintiff on two occasions, April 4, 2018 and

1 May 14, 2018, and under *Petrie versus Astrue*, 412 F. App'x  
2 401, a Second Circuit decision from 2011, this would not  
3 qualify him as a treating source. It doesn't mean, however,  
4 that his opinions are meaningless. He is someone who has  
5 examined the plaintiff and so his opinions must be considered  
6 using the factors that we've discussed.

7 Dr. Aranda, who is a treating source, on May 14,  
8 2018 rendered an opinion that appears at 479 and 480 of the  
9 Administrative Transcript, and significantly Dr. Aranda  
10 concludes that plaintiff would be off task more than  
11 20 percent but less than 33 percent of the day, and absent  
12 more than four days per month. I note that Dr. Aranda  
13 indicated next to the off task category, quote, "better  
14 approximation by a neurologist." Plaintiff did see a  
15 neurologist, Dr. Ahmad Alwan, although there is no medical  
16 source statement from that neurologist.

17 I should say that the Administrative Law Judge  
18 accorded little weight to either Dr. Dubey or Dr. Aranda's  
19 reports. There is a consultative report from March 18, 2016  
20 authored by Dr. Amanda Slowik. It appears at pages 303 to  
21 307. It was given considerable weight by the Administrative  
22 Law Judge. In her medical source statement, Dr. Slowik found  
23 no limitations in certain areas, mild limitations in others,  
24 and made the following additional statement, "The claimant's  
25 ability to maintain a regular schedule and appropriately deal

1 with stress is moderately to markedly limited." As we  
2 discussed during oral argument, although Dr. Slowik's  
3 opinions were given considerable weight, at page 25 of the  
4 Administrative Transcript, the ALJ did not discuss why any  
5 limitation associated with the ability to maintain a schedule  
6 is not included in the RFC.

7           There is a physical report of an examination by  
8 Dr. Gilbert Jenouri also from March 18, 2016. It appears at  
9 311 to 314 of the Administrative Transcript. And that  
10 indicated mild restriction on walking, standing, and sitting  
11 for long periods, bending, stair climbing, lifting, and  
12 carrying. That's at page 314. It was given partial weight.  
13 There's no indication that Dr. Jenouri considered or was  
14 asked to consider whether plaintiff would be off task or  
15 absent. And as I indicated in oral argument, interestingly,  
16 under chief complaints there is reference to lower back and  
17 neck pain, hip pain, knee pain, but no indication of any  
18 migraines.

19           The last opinion is from Dr. T. Harding, a  
20 non-examining consultant, from March 31, 2016. It appears at  
21 Exhibit 2A of the Administrative Transcript. In that  
22 opinion, in the worksheet portion of the opinion, Dr. Harding  
23 concludes that plaintiff is moderately limited in the ability  
24 to perform activities within a schedule, maintain regular  
25 attendance, and be punctual within customary tolerances.

1 Also indicates moderately limited in the ability to complete  
2 a normal workday and workweek without interruptions from  
3 psychologically based symptoms and to perform at a consistent  
4 pace without an unreasonable number and length of rest  
5 periods. And when asked to explain in narrative form the  
6 limitations expressed, he indicates "see below."

7 In his mental RFC opinion, Dr. Harding referenced a  
8 couple of notes, treatment notes, referenced her ability to  
9 perform some household activities of daily living, and  
10 stated, quote, "Based on evidence in file, claimant retains  
11 the ability to perform the basic mental demands of unskilled  
12 work with limited social contact." That was later reaffirmed  
13 by Dr. Harding at pages 316 and 317 of the Administrative  
14 Transcript.

15 A couple of observations when dealing with mental  
16 issues, and in many cases, and this is no exception, there is  
17 ebb and flow, there is cycling of mental conditions,  
18 especially when you're dealing with bipolar disorder. The  
19 record is clear that there are times when plaintiff exhibited  
20 troubling behavior, violent behavior, and there are other  
21 times when she did not.

22 I also note that when you're dealing with such cases,  
23 the opinions of a treating source, someone who has examined  
24 the plaintiff and has some longitudinal history, it is  
25 significant. This was reflected in *Flynn versus Commissioner*



1 of *Social Security*, 729 F. App'x 119. Unlike many physical  
2 conditions, mental conditions do not always yield objective  
3 evidence that would allow you to measure the condition or  
4 many limitations.

5 I also note on the other side of the coin that it is for  
6 the Administrative Law Judge to decide weight to be given to  
7 conflicting medical opinions under the Second Circuit's  
8 decision in *Veino*. The problem with this case is that  
9 literally every opinion that addresses the issue of schedule  
10 finds some limitation in the ability to maintain attendance  
11 and be on task. If those opinions were improperly rejected,  
12 the error is clearly harmful because the vocational expert  
13 testified to employer tolerances, including eight days per  
14 year of absences, that's at page 81, and 15 percent being off  
15 task. Dr. Slowik, as I indicated, found a moderate to marked  
16 limitation in the ability to maintain a regular schedule.  
17 The Administrative Law Judge is silent on why that opinion  
18 was rejected.

19 Dr. T. Harding finds a moderate limitation in the  
20 ability to perform within a schedule and complete a normal  
21 workweek, and says, "see below for an explanation." I don't  
22 find the extent of that limitation was properly explained and  
23 that the -- I do find that the mental residual functional  
24 capacity explanation from Dr. Harding is woefully deficient.

25 One of my colleagues, Magistrate Judge Gregory Fouratt,

1 issued an opinion which is enlightening in terms of the  
2 obligations of a consultative examiner like Dr. Harding in  
3 *Milner versus Berryhill*, 2018 WL 461095, from the District of  
4 New Mexico, January 18, 2018. In this case in my view  
5 Dr. Harding did not adequately comply with his obligations to  
6 provide an explanation or the extent of the limitation on the  
7 ability to perform within a schedule.

8 I also find that the treating physician report of  
9 Dr. Aranda was not properly -- the rejection of it was not  
10 properly explained. As you know, a treating source is  
11 entitled to controlling weight, the treating source opinions,  
12 if it is supported by medically acceptable, clinical and  
13 laboratory diagnostic techniques and not inconsistent with  
14 other substantial evidence. And if they're not afforded  
15 controlling weight, then the *Burgess* factors must be examined  
16 and a detailed discussion of the weight given to it should  
17 follow. I recognize that the Second Circuit has said,  
18 including in *Estrella*, that the violation of the treating  
19 source rule should not result in a remand if a searching  
20 review of the record convinces the Court that the treating  
21 source rule was not violated. I cannot say that in this  
22 case.

23 The unanimous opinions are that plaintiff suffers from  
24 some degree of limitation in her ability to perform within a  
25 schedule and stay on task. There is case law that says that

1 if opinions are unanimous on an issue, the opinions can be  
2 overridden only if there is overwhelming evidence to the  
3 contrary, which I do not find in this case.

4 The Commissioner has cited a couple of cases which I  
5 find are distinguishable. One is *Heaman versus Berryhill*,  
6 765 F. App'x 498. That's from the Second Circuit, 2019. In  
7 that case the ALJ relied not on the ALJ lay opinion, but  
8 rather the opinions of a consultative examiner, Dr. Magurno,  
9 and a medical expert, Dr. Efobi, in addition to treatment  
10 notes, clinical findings and diagnostic testing of record.  
11 Here there aren't any medical opinions that support any  
12 conclusion that plaintiff would not be absent and would not  
13 be off task as opined.

14 Similarly, *Barry versus Colvin*, 606 F. App'x 621, from  
15 the Second Circuit 2015, is distinguishable. In that case  
16 the medical source statement of the state agency psychologist  
17 was credited and the statement was, as discussed above,  
18 substantial evidence, including Barry's own statements,  
19 treatment notes from her physicians, and the opinion of  
20 Dr. Andrews, a state agency psychologist who concluded the  
21 plaintiff had no significant limitations in performing  
22 activities within a schedule, maintaining regular attendance,  
23 or being punctual within customary tolerances supported the  
24 RFC. In this case Dr. Harding did find limitations in those  
25 areas, and so I find *Barry* is also distinguishable.

1           In conclusion, I find that the Commissioner's  
2           determination is not supported by substantial evidence, the  
3           residual functional capacity fails to consider the  
4           limitations in plaintiff's ability to perform within a  
5           schedule and to maintain on task status. And that,  
6           unfortunately, affected the step five determination where the  
7           defendant must carry its burden, or his burden, because the  
8           hypothetical posed to the vocational expert was not supported  
9           by substantial evidence.

10           It's a close case because I think that one could  
11           effectively argue that there is persuasive evidence of  
12           disability in this case, but I'm not going to direct the  
13           finding of disability. I think the matter should be remanded  
14           for a further consideration of plaintiff's ability to perform  
15           on schedule and on task and an explanation of why, if it is  
16           found that she can, why she can and on what basis that  
17           conclusion is made.

18           So, I will grant judgment on the pleadings to plaintiff  
19           without a directed finding of disability and remand the  
20           matter for further consideration.

21           Thank you both for excellent presentations. Please stay  
22           safe.

\*

\*

\*

C E R T I F I C A T I O N

I, EILEEN MCDONOUGH, RPR, CRR, Federal Official  
Realtime Court Reporter, in and for the United States  
District Court for the Northern District of New York,  
do hereby certify that pursuant to Section 753, Title 28,  
United States Code, that the foregoing is a true and correct  
transcript of the stenographically reported proceedings held  
in the above-entitled matter and that the transcript page  
format is in conformance with the regulations of the  
Judicial Conference of the United States.

*Eileen McDonough*

---

EILEEN MCDONOUGH, RPR, CRR  
Federal Official Court Reporter